



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in SUPPORT OF THE INTENT of HCR 167
REQUESTING THE OFFICE OF THE AUDITOR TO CONDUCT A MENTAL
HEALTH WORKFORCE ASSESSMENT OF MENTAL HEALTH PROFESSIONALS
AND MENTAL HEALTH FACILITIES TO IDENTIFY SHORTAGES AND AID IN
PROPOSING SOLUTIONS TO ADDRESS THOSE SHORTAGES
REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 20, 2015
8:45 a.m.

Room Number: 329

1 **Fiscal Implications:** Undetermined at this time.

2 **Department Testimony:** The Department of Health (DOH) supports the intent of this bill and
3 offers comments for the Committee's consideration. The Adult Mental Health Division
4 (AMHD), including the Community Mental Health Centers (CMHCs) and the Hawaii State
5 Hospital (HSH), identified that there continues to be challenges with recruiting and hiring
6 qualified mental health professionals in part due to Hawaii's high cost of living and general lack
7 of interest in working within the state system despite recruitment efforts. These challenges may
8 be compounded in part by potentially inadequate numbers of mental health and ancillary staff,
9 generally, working privately and for provider programs, to address the mental health treatment
10 needs for all of the residents of our state.

11 Conducting a mental health workforce assessment of mental health professionals and
12 mental health facilities in Hawaii to identify shortages and to determine how those shortages can
13 be reduced may be beneficial to addressing and/or resolving staffing shortages within the

1 AMHD, CMHCs and HSH. Identifying the more general shortages, specifically where these
2 exist and by specific categories of practitioners, could be helpful if included in the auditor's
3 findings and recommendations. For example, generally, we have experienced challenges in
4 hiring and retaining psychiatrists and other licensed clinicians statewide who meet the definition
5 of a Qualified Mental Health Professional (QMHP).

6 We offer comments specifically on page four, lines 13 through 28 regarding the
7 assessment to include, "the name and location of the following mental health facilities located in
8 Hawaii." The AMHD is unable to provide the specific addresses of its residential programs. We
9 are able to provide the area in which the programs are located throughout the state, such as
10 Windward, Leeward, Central, East Hawaii, West Hawaii, etc.

11 Second, we ask that the definition of each of the mental health facilities be clarified
12 including specifying the licensure type, level of care, and/or program for which the facility
13 operates. The terms used on page four, lines 16 through 20 are not clearly defined.

14 Third, we offer the following added input for your consideration. The audit may be
15 beneficially revised to include the following recommendations. For adult and child/adolescent
16 psychiatry, we recommend these areas of practice be handled distinctly and broken out in the
17 auditor's findings and recommendations as such. The auditor's report should distinguish
18 between professionals who hold an active license to practice, which can be verified through the
19 Department of Commerce and Consumer Affairs (DCCA), and those who actually practice full-
20 or part-time, which could be verified through a phone call or survey.

1 A survey of practicing professionals, for example, could include an inquiry about what
2 the proportion is for their practice relative to serving the Medicaid population. With this survey
3 information a comparison could be made with the Department of Human Services MedQUEST
4 Division's practitioner database. Another survey question could inquire about an index or
5 measure of psychiatric medications prescribed by psychiatrists and non-psychiatric specialties.
6 With this survey information, a comparison could be made with insurance company data,
7 pharmacy data, and benefit manager system data.

8 Lastly, we ask that that this body consider the use of established definitions to cover these
9 and other the areas of interest; we note that the State Health Planning and Development Agency
10 (SHPDA) and the Office of Health Care Assurance (OHCA) may already have some of the
11 information sought, again, depending upon the definition intended.

12 **Offered Amendments:** None.

13 Thank you for the opportunity to testify on this measure.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 18, 2015 3:09 PM
To: HLTtestimony
Cc: laurenzirbel@gmail.com
Subject: *Submitted testimony for HCR167 on Mar 20, 2015 08:45AM*

HCR167

Submitted on: 3/18/2015

Testimony for HLT on Mar 20, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Zirbel	Hawaii Medical Association	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

creagan1 - Dannah

From: Marya Grambs <marya@mentalhealth-hi.org>
Sent: Wednesday, March 18, 2015 2:06 PM
To: HLTtestimony
Cc: Marya Grambs
Subject: House Health, March 20, 8:45

March 18, 2015

TO: Della Au Belatti, Chair, and members of the House Health Committee
FR: Marya Grambs, Executive Director, Mental Health America of Hawaii
RE: HCR 167

Mental Health America of Hawaii stands in strong support of HCR167, which will enable the state to get a picture of the availability (or, rather, the lack thereof) of mental health care providers and facilities. This is urgently needed. There is an alarming lack of psychiatrists who will treat people on Quest, on the Neighbor Islands as well as on Oahu. There is also a dire shortage of psychiatric hospital beds, medium and long term, including for our youth, as well as residential homes for people with severe psychiatric illness. We do not have a real safety net for the severely mentally ill members of our community, as the revolving door of homelessness, incarceration, and E.R./hospitalization attests. This assessment can be a starting point.

I strongly urge you to pass this Resolution. Thank you for the opportunity to testify.

Aloha,

Marya Grambs, Executive Director
Mental Health America of Hawai'i
1124 Fort Street Mall, Suite 205
Honolulu, HI 96813
P: 808.521.1846
F: 808.533.6995
marya@mentalhealth-hi.org
www.mentalhealth-hi.org



THE INSTITUTE FOR HUMAN SERVICES, INC.
Planting seeds of self-sufficiency

Women & Families' Shelter
Business Office
546 Ka'aahi Street
Honolulu, HI 96817
Phone 808.447.2800
Fax 808.845.7190

Men's Shelter
350 Sumner Street
Honolulu, HI 96817
Phone 808.447.2900
Fax 808.537.2697

www.IHShawaii.org

To: House Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard Creagan, Vice Chair

From: Connie Mitchell, Executive Director
IHS, The Institute for Human Services, Inc.

Re: HCR 167

Board of Directors:

Curt Nakamura
President

Curtis Salki
Treasurer

Kelli Abe Trifonovitch
Secretary

Sean G. Tadaki
Chair – Internal Affairs

Nani Medeiros
Chair – External Affairs

Rev. Walter Brownridge
Chair – Governance

Sharon Crofts
Duke DuTeil

Ian Fitz-Patrick

Kenneth C. Hansen

Jayson Harper

Jeff Harris, Esq.

Stacey C.G. Hee, Esq.

Ed Hope

Michael T. Jones

Kenneth W.K. Kan

Denise Konan

Craig McGinnis

Carri Morgan

David S. Morimoto

Bruce M. Nakaoka

Ku'uhaku Park

Frank B. Smith

K. James Steiner, Jr., Esq.

Barbara Tom

Lynne Unemori

Tammi Yokogawa-King

Sylvia Yuen, Ph.D.

Roberta "Bert" Du Teil
The Rev. Msgr. Terrence Watanabe

The Institute for Human Services (IHS) **STRONGLY SUPPORTS** HCR 167 requesting the State Auditor to conduct a mental health workforce assessment for the purpose of addressing shortages. As a provider of services to homeless persons, I am particularly concerned with the challenges of accessing mental health treatment for an historically already underserved populations.

We further recommend adding to the list of professionals to survey, "certified peer specialists".

For many years now, it has been difficult to link persons we serve with a physician or APRN-Rx who will accept new patients. Furthermore, some of our contracts with the department of Health require a certified peer specialist and we have had a difficult time recruiting persons to fill these positions.

Mental health workforce data is direly needed to help facilitate the recruitment and retention of such workforce. It could be very helpful for a task force to also recommend new standards for certifications of paraprofessionals based on certain competencies. They also help to reduce the overall cost of mental health services and have proven essential in shortage areas, especially rural areas which include most of our state from a geographical perspective

Mahalo for the opportunity to share a perspective from the trenches.



**TESTIMONY IN SUPPORT OF HCR167: REQUESTING THE OFFICE OF THE
AUDITOR TO CONDUCT A MENTAL HEALTH WORKFORCE ASSESSMENT OF
MENTAL HEALTH PROFESSIONALS AND MENTAL HEALTH FACILITIES TO
IDENTIFY SHORTAGES AND AID IN PROPOSING SOLUTIONS TO ADDRESS
THOSE SHORTAGES
WRITTEN TESTIMONY ONLY**

TO: Representative Della Au Belatti, Chair, Committee on Health
Representative Richard P. Creagan, Vice Chair, Committee on Health
Members of the Committee on Health

FROM: Jan Harada, CEO, Helping Hands Hawaii

Hearing: Friday, March 20, 2015, 8:45 am; CR 329.

Chair Belatti, Vice Chair Creagan and Committee members:

Thank you for the opportunity to provide testimony **in strong support** of HCR167, which requests the Office of the Auditor to conduct a much-needed workforce assessment of what is a rapidly decreasing mental health workforce in the State of Hawaii.

Helping Hands Hawaii has been involved in providing behavioral health services and supports for over 30 years. Those services have included case management, care coordination, day treatment/intensive outpatient, substance abuse counseling, psychosocial rehabilitation, and trauma informed care. In order to provide those services we have employed or contracted over the course of these years individuals with a variety of skill sets, educational levels, and professional work experience. That variety has included social workers (Bachelors, Masters, Licensed, and Licensed Clinical), nurses, prescribers (Psychiatrists, APRN-Rx), Certified Substance Abuse Counselors (CSACs), Licensed Marriage and Family Therapists (LMFTs), and numerous other disciplines within the behavioral health field of work.

As the system of care for those with mental illness has evolved and changed over the years, in particular within the last 5 years, we have begun to see what are a few troubling trends that raise significant concerns regarding the future of mental health services in this State. Some of those trends include:

- Lack of prescribers willing and/or able to provide needed prescriptive services to those on Medicaid and those in more rural communities. The lack of which, further taxes those few professionals who do choose to work with these populations and with no apparent community succession plan in place to replace these professionals as they begin to retire.
- The level of education and licensure or certification that is being added to in particular, case management services, without a clear indication or evidence-based statistics/data that the added educational and licensure/certification requirements will result in better care, has further restricted the pool of available mental health workers while also increasing the cost. There are numerous individuals who are very capable of providing

effective and high quality service to certain parts of the population, but are prevented from doing so because they don't have the level of education or licensure/certification now being required.

- The continual shortage of residential beds available for those that need in-patient treatment and support.
- The decrease in reimbursable mental health services has created more of a struggle for, in particular, community-based non-profit providers whose actual costs to run such programs and provide such services, usually is more than what is reimbursed. This fact then ties into lower than the private sector pay rates available to individuals with certain degrees, further decreasing the workforce and further homogenizing the network of providers by taking away more options for consumers/clients. Giving consumers a variety of options to choose from when it comes to meeting their needs is critical to their stability and success. The fewer providers in the network, the less consumer choice there is.

Anecdotal data is not enough. We cannot know what is an appropriate approach or solution without good clean data that shows exactly where the gaps are. We urge your support for this important strategy and first step, to address the troubling and anticipated shortage of adequate and quality mental health services in this State in the years to come.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 20, 2015 12:00 AM
To: HLTtestimony
Cc: don.lane@gmail.com
Subject: Submitted testimony for HCR167 on Mar 20, 2015 08:45AM

HCR167

Submitted on: 3/20/2015

Testimony for HLT on Mar 20, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Donald Lane	Individual	Oppose	No

Comments: I strongly appose this bill as it is waste of resources and tax payers money. We are past the point of assessment and late to action.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 19, 2015 8:32 PM
To: HLTtestimony
Cc: kcharnick@icloud.com
Subject: Submitted testimony for HCR167 on Mar 20, 2015 08:45AM

HCR167

Submitted on: 3/19/2015

Testimony for HLT on Mar 20, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Kelly Harnick	Individual	Oppose	No

Comments: There have already been studies on the mental health workforce shortage and this is redundant, wasting tax money. It also seems again, to be a political maneuver to derail HB 1072.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 19, 2015 11:21 PM
To: HLTtestimony
Cc: oliveiraj009@gmail.com
Subject: *Submitted testimony for HCR167 on Mar 20, 2015 08:45AM*

HCR167

Submitted on: 3/19/2015

Testimony for HLT on Mar 20, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jill	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 20, 2015 12:18 AM
To: HLTtestimony
Cc: judi.steinman@yahoo.com
Subject: Submitted testimony for HCR167 on Mar 20, 2015 08:45AM

HCR167

Submitted on: 3/20/2015

Testimony for HLT on Mar 20, 2015 08:45AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Judi Steinman	Individual	Oppose	No

Comments: I oppose this waste of taxpayers' dollars. This resolution does nothing to improve the treatment of patients with mental health disorders. The language is arcane, exclusionary and elitist. This resolution sets back the treatment of patients with mental health disorders by 25 years.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov